



Douglas A. Ducey
Governor

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PUBLIC RECORDS REPRODUCTION REQUEST

Name: _____ Date: _____

Address: _____

Phone #: _____ Alt #: _____

Records requested: _____

(If you are requesting a directory of licensed podiatrists please see below regarding format.)

These records will be used for: _____ **Commercial Purposes** _____ **Non-Commercial Purposes**

If the records are to be used for commercial purposes, specifically state those purposes:

SWORN STATEMENT:

I, _____, declare that I have read the information and instruction sheet accompanying this form and understand the contents therein. I further declare that the copies or other reproductions of public records described above and which I have requested are to be used solely for the purposes stated above. I further declare that such copies or reproductions will not be used directly or indirectly for a different purpose than described above. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

(NOTARY SEAL HERE)

SUBSCRIBED AND SWORN TO BEFORE ME

This _____ day of _____

Requesting Party's Signature

My Commission Expires: _____

Notary Public

LISTING OF FEES:

Payment must be received in full with the hard copy of the request form. Requested documents / information will not be provided unless payment is received in full. Payment may be made in any form except credit/debit card.

_____ Directory of licensed podiatrists